

## VIRGINIA TITLE XXI STATE PLAN FACT SHEET

**Name of Plan:** Family Access to Medical Insurance Security Plan (FAMIS)

**Date Plan Submitted:** June 15, 1998  
**Date Plan Approved:** October 22, 1998  
**Effective Date:** October 26, 1998

**Date First Amendment Submitted:** June 23, 2000  
**Date First Amendment Approved:** December 22, 2000  
**Amendment Effective Date:** December 22, 2000

**Date Second Amendment Submitted:** November 15, 2001  
**Date Second Amendment Approved:** January 23, 2002  
**Amendment Effective Date:** December 1, 2001

**Date Third Amendment Submitted:** June 28, 2002  
**Date Third Amendment Approved:** September 26, 2002  
**Amendment Effective Date:** December 1, 2001

**Date Fourth Amendment Submitted:** August 30, 2002  
**Date Fourth Amendment Approved:** December 23, 2002  
**Amendment Effective Date:** September 1, 2002

**Date Fifth Amendment Submitted:** June 15, 2004  
**Date Fifth Amendment Approved:** September 13, 2004  
**Amendment Effective Date:** August 1, 2003 and June 1, 2004

*Date Sixth Amendment Submitted:* June 29, 2004  
*Date Sixth Amendment Approved:* **RAI to State 8/18/04**  
*Amendment Effective Date:* August 1, 2003

**Date Seventh Amendment Submitted:** July 3, 2006  
**Date Seventh Amendment Approved:** September 26, 2006  
**Amendment Effective Dates:** August 1, 2005, no waiting period for pregnant applicants; and, removes reference to previously approved premium assistance State plan program;  
July 1, 2006, adds disease management benefit to FFS; and  
August 1, 2006, permits retroactive eligibility for newborns.

### Background

- On June 15, 1998, Virginia submitted a proposal for a separate child health program, known as the Virginia Children's Medical Security Insurance Plan (VCMSIP).

- The initially approved plan covered children up to age 19 with family incomes up to 185 percent of the Federal poverty level (FPL).

## **Amendments**

- Virginia submitted its first amendment on June 23, 2000, to change the name of the title XXI program to the Family Access to Medical Insurance Security Plan (FAMIS). The program covers children from birth through age 18 with family incomes up to 200 percent of the FPL. This amendment also made the following changes:
  - Changed the benefit package from Medicaid look-alike to coverage based upon the state employee health plan, with the addition of physical therapy, occupational therapy, speech language pathology, and skilled nursing services for special needs children.
  - Established a premium assistance program for children in families that meet FAMIS eligibility requirements and who have access to health insurance coverage through their parent's employer. Under the program, the State may pay the employee's share of the premium for dependent coverage if certain requirements are met. (The State no longer has approval to operate its premium assistance program through its State plan. See Amendment # 7).
  - Incorporated cost sharing in the form of premiums and co-payments.
- Virginia submitted its second amendment on November 15, 2001, to allow the State to offer two different benefits packages to FAMIS enrollees based upon their geographic location in the State. Enrollees obtaining care through a managed care entity receive an enhanced benefit package based upon the State employee health plan. Enrollees in geographic areas of the State where there is not yet a contract with a managed care entity continue to obtain services through the Primary Care Case Management (PCCM) program and receive a Medicaid look-alike package, until such time as a contract with a managed care entity is implemented. This amendment also allowed the State to exempt children receiving services through the PCCM program from paying co-payments.
- On June 28, 2002, Virginia submitted its third amendment to update and amend the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations. This amendment also suspended premiums and added case management and hospice services to the State plan for the benefit package modeled on the state employee health plan. These services were always included in the benefit package and provided to enrollees but were inadvertently omitted from earlier SCHIP State plan amendments.
- On August 30, 2002, Virginia submitted its fourth amendment to establish a SCHIP Medicaid expansion program, in addition to the existing separate child health program. Children ages 6 through 18 with family income equal to or less than 133 percent of the FPL moved from the separate child health program into the Medicaid expansion program. This move makes all children below 133 percent of the FPL eligible for Medicaid and allows all of the children in one family to be covered in the same program. This amendment also increased dental, vision, and other services in the state employee health plan benefit package,

eliminated premiums from cost-sharing requirements, changed procedures to improve coordination with Medicaid on eligibility determination for FAMIS, and added additional good cause exceptions to the 6-month waiting period requirement.

- Virginia's fifth amendment was submitted on June 15, 2004, to remove the requirement that enrollees report all changes that impact eligibility during the 12 months before re-determination, reduce the waiting period of uninsurance from 6 months to 4 months, expand the scope of benefits to add certain mental health services, and change prior authorization requirements for some benefits.
- *Virginia submitted its sixth amendment on June 29, 2004, to reimburse schools for providing school-based health services such as: school transportation services, audiology services, school health assistant services, and medical evaluation services for special education students. (On August 18, 2004, a stop-the-clock letter was sent to Virginia.)*
- This seventh amendment was submitted on July 3, 2006, with additional changes made on August 7, 2006. It makes the following changes to the State plan:
  - Provides an exclusion to the State's four-month period of uninsurance if an applicant is pregnant at the time of application;
  - Permits 90-day retroactive coverage for newborns;
  - Adds disease management to the benefit package provided to enrollees in the fee for service delivery system; and
  - Removes all references to its previously approved SCHIP State plan premium assistance program, since the State currently operates its premium assistance program through an SCHIP Section 1115 demonstration.

### **Children Covered Under Program**

- The State reported that during Federal Fiscal Year 2005, 38,916 children were ever enrolled in the Medicaid expansion and 48,493 children were ever enrolled in the separate child health program.

### **Administration**

- Virginia's Department of Medical Assistance Services administers both the FAMIS and Medicaid programs.

### **Health Care Delivery System**

- Enrollees in the Medicaid expansion program receive services through the established Medicaid delivery system, which includes mandatory managed care plans in certain geographic areas and PCCM in others.
- In the separate child health program, enrollees living in geographic areas of the state with more than one managed care entity must choose a managed care entity. Enrollees in

geographic areas of the State without a contracted managed care entity receive services through the PCCM until such time as a contract with a managed care entity is implemented.

### **Benefit Package**

- Enrollees in the Medicaid expansion program receive the Medicaid benefit package.
- Enrollees in the separate child health program living in geographic areas of the State where a managed care entity has not yet been identified receive a Secretary-approved benefit package that is a Medicaid look-alike, with the addition of substance abuse services.
- Enrollees in the separate health program living in geographic areas of the State where a managed care entity has been identified receive a Secretary-approved benefit package based upon the State employee health plan, with the addition of certain mental health services and blood lead testing.
- The State provides supplemental coverage for children in the premium assistance program if the employer plan does not provide services included in the benchmark plan.

### **Cost Sharing**

- Premiums were suspended in the separate program on April 15, 2002, and eliminated from cost-sharing requirements effective September 1, 2002.
- Families at or below 150 percent of the FPL are subject to co-payments ranging from \$2 per outpatient visit to \$15 per inpatient admission with an annual co-payment cap of \$180. For families with incomes above 150 percent of the FPL, co-payments range from \$5 to \$25 with an annual co-payment cap of \$350. Families track the amount they spend on co-payments and notify the State when the annual co-payment cap is met. A new card is then issued excluding these families from additional co-payments.
- American Indian and Alaska Native children are not subject to cost sharing.

### **State Action to Avoid Crowd Out**

- If a child has had health care coverage within 4 months of application for or receipt of FAMIS services, the child will be ineligible unless good cause for discontinuing the coverage is demonstrated or if the child is pregnant.

### **Coordination between SCHIP and Medicaid**

- A joint Medicaid/FAMIS application, which addresses specific questions about health insurance coverage or available coverage, can either be mailed to a central processing unit (CPU) or taken to a local Department of Social Services office for determination. Medicaid eligibility staff is co-located at the CPU. Applicants are not required to have a face-to-face interview or contact.

## **Outreach Activities**

- Virginia's comprehensive marketing and outreach efforts promote both Medicaid and FAMIS. The State coordinates activities with other state agencies, community-based organizations, the business community, and health care associations and providers.
- Virginia also has a Central Processing Unit that provides a toll-free help line number, serves as a distribution point for applications, assists callers with completing applications, serves as a source for answering questions, and provides eligibility status.
- A contract with a public relations firm is used to assist with the development of a statewide marketing plan, development of multimedia marketing materials, and evaluation of activities to promote application and enrollment.
- Other strategies include coordination with school districts and other agencies/organizations, a toll-free hotline number, the use of a simplified application, and direct-marketing techniques.

## **Financial Information**

Total FY 2006 SCHIP Allotment -- \$72,302,825

FY 2006 Enhanced Federal Matching Rate -- 65 %

*Date last updated: CMS, CMSO, FCHPG, DSCHI, September 26, 2006*